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(Typed or Printed Name of Person Mailing Paper or Fee)

Application Number: 10/603,438

Confirmation Number: 4376 : Nicholas Shaylor et al.

Applicant Filed

: 24 June 2003

TC/A.U.

: 2192

Examiner

: Rutten, James D.

**Docket Number** 

: SUN03-0097

Customer No.

: 57,960

M/S: Box Amendment Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

## **AMENDMENT**

Sir

In response to the office action of 28 November 2006, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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	Jeannie Cama	,					
	(Typed or Pr	inted Name of Person Transmitting Paper	or Fee)				
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250 2 2		Person Mailing Paper or Fee)					
DEC 22	200b <u>5</u>			PATENT APPLICATION			
A TRADE	.6/			Attorney Docket No. SUN03-0097			
HAUE	3.5.	IN THE UNITED STATES	PATENT AND T	RADEMARK OFFICE			
	IN RE PA	TENT APPLICATION OF	)				
			) Exam	iner: Rutten, James D.			
	Nicholas S	haylor et al.	) ) Grou	o Art Unit: 2192			
	Serial No.	10/603,438	)				
	Filing Date	e: 24 June 2003	)				
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		ETHOD AND APPARATUS TO	) NN AND )				
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		DEPENDENT VIRTUAL MA	•				
		<u>AMENDMENT</u>	TRANSMITTA	<u>L LETTER</u>			
	Mail Stop	: Amendment					
	-	Commissioner for Patents					
	P.O. Box						
	Alexandri	a, VA 22313-1450					
	Sir:						
	In connection with the above-referenced U. S. patent application, transmitted herewith are						
	the follow	ing papers:					
	[x]	Response under 37 C.F.R. §	1.111 to official a	ction mailed 28 November 2006.			
	[]	A petition for extension of time	ne is also enclose	ed with a fee of \$55.00 for a one-			
		month extension for a small of	entity.				
	[]	Terminal disclaimer under 37 C.F. R. § 1.321(c), including					
	r J	[] check for \$130.00 fee und	-				
		[] 2 certificates under 37 C.F.R. § 3.73(b).					
	Гì	Information disclosure statement, form 1449 and references.					
	[]			ild folololious.			
	[x]	No additional claims fees are	requirea.				

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS								
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE			
Total Claims		MINUS = 20	0	x \$50 =				
Independent Claims		MINUS = 3	0	x \$200 =				
If Amendment adds multiple dependent claims, add \$260.00								
Total Amendment Fee								
If small entity status is claimed, subtract 50% of Total Amendment Fee								
TOTAL ADDITIONAL	\$0.00							

[] A check in the amo	unt of \$ is enclosed
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- [] Charge \$\_\_\_ to Deposit Account No. \_\_\_ (Docket No. \_\_\_).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN03-0097).

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Respectfully submitted,

By

Edward J. Grundler Registration No. 47,615

Date: 20 December 2006